

Application or Docket Number

10/500711

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	R THAN
			(Column 1)		(Column 2)		· ! .	TYPE		OF	SMALL	ENTITY
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 460	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			12 minus 20=		•			XS 9=	1	ÖR	X\$18=	
INDEPENDENT CLAIMS			ے minus 3 = *					X43=		OR	X86=	
М	JLTIPLE DEPEI	NDENT CLAIM P	RESENT				Ī	+145=	- \	OR	-290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II									_	OTHER	THAN
<u> </u>		(Column 1)		(Column	2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	XS18=	
AME	Independent		Minus	***				X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								DDII. PEE		<b>.</b>		•
AMENDMENT B		CLAIMS		HIĞHES	T		٦		ADDI-	1 [		ADDI-
		REMAINING AFTER AMENDMENT		PREVIOUS PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
ME	Independent	-	Minus	***		=		X43=		OR:	X86=	
	FIRST PRESENTATION OF MULTIPLE			PENDENT CI	LAIM			445			+290=	
								+145=		OR	TOTAL	
								TOTAL DDIT. FEE		OR,	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	1	= · ·		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<b>Ο</b> Λ		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
•• 1	f the "Highest Nur	nber Previously Pa	id For IN THIS	S SPACE is les	ss than	20, enter *20.*	. <del>-</del>	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE	
	if the *Highest Nui The *Highest Num	mber Previously Pa ber Previously Paid	id For" IN THI I For" (Total or	S SPACE is le Independent)	ss than	i 3, enter "3." highest number			ropriate box			
5001									ark Office 11		STUCKT OF	COMMEDICE

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